MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

07485

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Quantico Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Delaware — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS (If rural, give location) 4th St.

3. NAME OF DECEASED (Type or Print): (First) J. (Middle) CLARK (Last) ABBOTT
4. DATE OF DEATH: (Month) 7 (Day) 11 (Year) 1951

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: Jan. 26, 1887
9. AGE last birthday: [illegible]64 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mill Owner
10b. KIND OF BUSINESS OR INDUSTRY: Flour Mill
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John David Abbett
14. MOTHER'S MAIDEN NAME: Lucretia Ellen Richards

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mrs. May Abbett, Laurel, Delaware

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — Sudden

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

940 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

[signature] Deputy Medical Examiner — 502 N. Division St., Salisbury, Maryland — 7/11/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: July 14, 1951 | NAME OF CEMETERY OR CREMATORY: Odd Fellows Cemetery | LOCATION (City, town, or county) (State): Laurel, Delaware

DATE REC'D BY LOCAL REG. 7-14-51 | REGISTRAR'S SIGNATURE: Mary W. Holloway | 24. FUNERAL DIRECTOR — ADDRESS: Jeannette S. Kindle, Laurel, Del.

VS-A15A

1-10469

RECEIVED
JUL 16 1951
BUREAU V. M.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

M C

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07486

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH — COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury.
LENGTH OF STAY (in this place): 17 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland. COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury.
STREET ADDRESS (If rural, give location): 217 Princeton

3. NAME OF DECEASED (Type or Print) (First) George (Middle) Walter (Last) Allen.

4. DATE OF DEATH (Month) July (Day) 26 (Year) 1951

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: 7-26-51
9. AGE last birthday: yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours 16, Min. 54

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Salisbury, Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Wilbur Walter Allen Jr.
14. MOTHER'S MAIDEN NAME: Edith Triplett Lindsay

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Prematurity - fetal atelectasis.

761.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Placenta praevia c̄

160 C (c) haemorrhage & shock.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 7-26-51
19b. MAJOR FINDINGS OF OPERATION: Placenta praevia totalis. Pregnancy 31 weeks.
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-26-51, 19....., to 7-26-51, 19....., that I last saw the deceased alive on 7-26, 1951, and that death occurred at 1130 p.m., from the causes and on the date stated above.

SIGNATURE: Stedman W. Smith (Degree or title) M.D. C.M. ADDRESS: Salisbury, Md. DATE SIGNED: 7-27-51

23. BURIAL, CREMATION REMOVAL (Specify)
DATE THEREOF: 7/27/51
NAME OF CEMETERY OR CREMATORY: Peninsula General Hospital
LOCATION (City, town, or county): Salisbury (State): Md.

DATE REC'D BY LOCAL REG.: 7-27-51
REGISTRAR'S SIGNATURE: Mary W. Holloway
24. FUNERAL DIRECTOR: Peninsula General Hospital. ADDRESS:

207261 32/310

RECEIVED
JUL 30 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07487

CERTIFICATE OF DEATH

Reg. Dist. No. 336

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Delmar
LENGTH OF STAY (in this place) 3 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 600 E. State St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE N. Y. York COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New York City
STREET ADDRESS (If rural, give location) 441 W. 28th St

3. NAME OF DECEASED (Type or Print) (First) ANNIE (Middle) STEVENSON (Last) BOOMLEY
4. DATE OF DEATH (Month) July (Day) 29 (Year) 1951
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH July 23-1874
9. AGE last birthday 77 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Social worker
10b. KIND OF BUSINESS OR INDUSTRY Welfare
11. BIRTHPLACE (State or foreign country) Penn.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John T. Stevenson
14. MOTHER'S MAIDEN NAME Unknown, Weeder
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Harry Gibson Delmar, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardiac failure due to gen. Arthritis	Few hours
526X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Bronchitis	6 yrs
106	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 28, 1951, to July 28, 1951, that I last saw the deceased alive on July 28, 1951, and that death occurred at 3 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) S. Wood
ADDRESS Delmar Del
DATE SIGNED 7-31-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7-1-51
NAME OF CEMETERY OR CREMATORY Hillsboro
LOCATION (City, town, or county) (State) Hillsboro, Md.

DATE REC'D BY LOCAL REG. July 31, 1951
REGISTRAR'S SIGNATURE Harry E. Hudson
24. FUNERAL DIRECTOR W. S. Marvel Co.
ADDRESS Delmar Del

079 896

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 2 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07488

Reg. Dist. No. 335

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctness of especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sharptown - Rural — LENGTH OF STAY (In this place) Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sharptown - Rural
HOSPITAL OR INSTITUTION OR STREET ADDRESS Near San Domingo	STREET ADDRESS (If rural, give location) Near San Domingo

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Ida	H.	Brown	July	28	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	Colored	Married	Jan. 5, 1889	62 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housework	Home	Wicomico County, Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Wesley Horsey	E. Pluribus Unum Morris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	—	Hargus M. Brown, Mardela Spings, Md., R.F.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Adenocarcinoma of Breast.	
170 X Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last 46 f (b) Metastatic Carcinoma of Lung	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
7/3/51	Metastatic Carcinoma of Lung	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 7/1, 19 51, to 7/25, 19 51, that I last saw the deceased alive on 7/28, 1951, and that death occurred at 1:28 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Charles M. Mozey	MD	Laurel, Del	7/31/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 31, 1951	Zion Church Cemetery	Near Sharptown, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/31/51	Walter G. Mann	J. J. Frampton and Son	Federalsburg, Md.

RECEIVED
AUG 2 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

07489

Reg. Dist. No. 336

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hebron
LENGTH OF STAY (In this place) 5 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hebron
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) MARY (Middle) BESSIE (Last) CANTVILLE
4. DATE OF DEATH (Month) 7 (Day) 2 (Year) 1951
5. SEX Female
6. COLOR OR RACE White
7. ~~SINGLE, MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify) widowed
8. DATE OF BIRTH 7-10-1886
9. AGE last birthday 64 yrs. If under 1 year Months Days If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Charles Dorsey Henry
14. MOTHER'S MAIDEN NAME Charlotte Virginia Blotchley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS Covey Cantville, Hebron, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary thrombosis	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE J A Rademaker (Degree or title) Deputy Medical Examiner; ADDRESS 502 N. Division St. Salisbury, Maryland DATE SIGNED 7/3/51

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) Burial
DATE THEREOF 7-4-51
NAME OF CEMETERY ~~OR CREMATORY~~ Cambridge
LOCATION (City, town, or county) (State) Cambridge, Md.

DATE REC'D BY LOCAL REG. July 3, 1951
REGISTRAR'S SIGNATURE Harry E Hudson
24. FUNERAL DIRECTOR W. S. Hawel Co. - ADDRESS Delmar, Del.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 6 1961
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; LENGTH OF STAY (in this place) 2 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY [illegible]; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fruitland; STREET ADDRESS (If rural, give location) Box 122

3. NAME OF DECEASED (Type or Print): (First) Marie; (Middle) [illegible]; (Last) Carter

4. DATE OF DEATH: (Month) July; (Day) 25; (Year) 1951

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) [illegible]

8. DATE OF BIRTH: [illegible]

9. AGE last birthday: [illegible] yrs. If under 1 year: Months [illegible]; Days [illegible]. If under 24 hrs.: Hours [illegible]; Min. [illegible]

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible]

10b. KIND OF BUSINESS OR INDUSTRY [illegible]

11. BIRTHPLACE (State or foreign country) [illegible]

12. CITIZEN OF WHAT COUNTRY? [illegible]

13. FATHER'S NAME [illegible]

14. MOTHER'S MAIDEN NAME [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) [illegible]

16. SOCIAL SECURITY NO. [illegible]

17. INFORMANT AND ADDRESS [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia — Interval Between Onset and Death: 72 hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Nephritis — Unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Lymphogranuloma Venereum — 3 years

19a. DATE OF OPERATION [illegible]

19b. MAJOR FINDINGS OF OPERATION [illegible]

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) [illegible]

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) [illegible] (CITY OR TOWN) [illegible] (COUNTY) [illegible] (STATE) [illegible]

TIME OF INJURY (Month) (Day) (Year) (Hour) [illegible] m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? [illegible]

22. I hereby certify that I attended the deceased from 15 June, 1951., to 25 July, 1951., that I last saw the deceased alive on 25 July, 1951., and that death occurred at 9:10 A m., from the causes and on the date stated above.

SIGNATURE: Richard H Saunders (Degree or title) M.D. ADDRESS: Nanticoke Md. DATE SIGNED: 7/25/51

23. BURIAL, CREMATION, REMOVAL (Specify) [illegible]

DATE THEREOF [illegible]

NAME OF CEMETERY OR CREMATORY [illegible]

LOCATION (City, town, or county) [illegible] (State) [illegible]

DATE REC'D BY LOCAL REG. 7-27-51

REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR [illegible] ADDRESS [illegible]

910 126

RECEIVED
JUL 30 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07491

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH COUNTY Wicomico MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Md. COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
HOSPITAL OR INSTITUTION OR STREET ADDRESS 305, Royal St.	STREET ADDRESS 305 Royal St. (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) Addie	(Middle) Mae	(Last) Cooper	4. DATE OF DEATH (Month) July (Day) 2 (Year) 1957
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH May 8-1886	9. AGE last birthday 65 yrs. If under Months. 1 year Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY at Home	11. BIRTHPLACE (State or foreign country) Chad Point Md	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Isaac H. Jones		14. MOTHER'S MAIDEN NAME Sadie E. Crouch		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS Mr. Gordon H. Cooper (Husband) 305 Royal St. Salisbury Md		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary + brain lesion — 2 hrs.

Antecedent cause(s)

420.1 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1949, to July 2, 1957, that I last saw the deceased alive on July 2, 1957, and that death occurred at 4 P.M. from the causes and on the date stated above.

SIGNATURE Philip A. Lusby (Degree or title) ADDRESS Salisbury Md DATE SIGNED 7-3-51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE July 5-51	NAME OF CEMETERY OR CREMATORY Wicomico Cem.	LOCATION (City, town, or county) Salisbury Md (State)
DATE REC'D BY LOCAL REG. 7-3-51	REGISTRAR'S SIGNATURE Mary W. Holloway	24. FUNERAL DIRECTOR Holloway & Co. Salisbury Md Walter R. Holloway	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH — COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury — LENGTH OF STAY (in this place): 16 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Snow Hill
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) W. (Last) Corddry
4. DATE OF DEATH: (Month) July (Day) 29 (Year) 1951
5. SEX: [illegible]
6. COLOR OR RACE: White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH: Feb 3-1871
9. AGE last birthday: 80 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): [illegible]
10b. KIND OF BUSINESS OR INDUSTRY: Own mill
11. BIRTHPLACE (State or foreign country): Snow Hill, Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: William D. Corddy Sr.
14. MOTHER'S MAIDEN NAME: Mary Porter
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mrs. Michael A. Corddy Snow Hill, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Myelogenous Leukemia — INTERVAL BETWEEN ONSET AND DEATH: 5-6 weeks

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/27, 1951, to 7/29, 1951, that I last saw the deceased alive on July 28, 1951, and that death occurred at 9 a.m., from the causes and on the date stated above.

SIGNATURE: David Belmore (Degree or title) M.D. — ADDRESS: Salisbury Md. — DATE SIGNED: July 29, 1951

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Aug 1/51 — NAME OF CEMETERY OR CREMATORY: Whitehurst Methodist — LOCATION (City, town, or county): Snow Hill, (State) Md

DATE REC'D BY LOCAL REG.: 7/31/51 — REGISTRAR'S SIGNATURE: Mary W. Holloway — 24. FUNERAL DIRECTOR: Clay B. Dennis Snow Hill, Md — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (In this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Pearl (Middle) (Last) Dale
4. DATE OF DEATH (Month) July (Day) 16 (Year) 1951

5. SEX Female
6. COLOR OR RACE colored.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH June 10-1915
9. AGE last birthday 36/1/6 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) North Carolina
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Samuel Dale, Snow Hill, md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pertinitis — INTERVAL BETWEEN ONSET AND DEATH: nil

626X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pelvic abscess — nil

139a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/16, 1951, to 7/11, 1951, that I last saw the deceased alive on 7/15, 1951, and that death occurred at 12:45 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[signature] Salisbury 7/16/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 19/51
NAME OF CEMETERY OR CREMATORY Baptist
LOCATION (City, town, or county) (State) Snow Hill, md

DATE REC'D BY LOCAL REG. 7-19-51
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR [signature] Snow Hill, md
ADDRESS

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 335

1. PLACE OF DEATH: COUNTY Wicomico — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sharptown
LENGTH OF STAY (in this place) 35 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sharptown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Ernest (Middle) (Last) Dashiell
4. DATE OF DEATH: (Month) July (Day) 18 (Year) 1951

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Jan. 25, 1892
9. AGE last birthday: 59 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Pardela Springs, Maryland
12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: James Dashiell
14. MOTHER'S MAIDEN NAME: Lou Thorns

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT AND ADDRESS: Mrs. Lou Dashiell, Sharptown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 3 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 15, 1951, to July 18, 1951, that I last saw the deceased alive on July 18, 1951, and that death occurred at 8:25 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
T. B. Kirkman M.D. | Sharptown Md | 7/20/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: July 21, 1951 | NAME OF CEMETERY OR CREMATORY: Shiloh Cemetery | LOCATION (City, town, or county) (State): Near Sharptown, Maryland

DATE REC'D BY LOCAL REG.: July 21, 1951 | REGISTRAR'S SIGNATURE: Hattie P. Mann

24. FUNERAL DIRECTOR: J. J. Frampton and Son, Federalsburg, Md. | ADDRESS

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH — COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: [illegible] — LENGTH OF STAY (in this place): [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS: [illegible]

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: [illegible] — COUNTY: [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: [illegible] - R.F.D.
STREET ADDRESS (If rural, give location): Cherryway

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): [illegible]
4. DATE OF DEATH (Month) (Day) (Year) 19[illegible]

5. SEX: [illegible]
6. COLOR OR RACE: [illegible]
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): [illegible]
8. DATE OF BIRTH: [illegible]
9. AGE last birthday: [illegible] yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): [illegible]
10b. KIND OF BUSINESS OR INDUSTRY: [illegible]
11. BIRTHPLACE (State or foreign country): [illegible]
12. CITIZEN OF WHAT COUNTRY?: [illegible]

13. FATHER'S NAME: [illegible]
14. MOTHER'S MAIDEN NAME: [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): [illegible] — (If yes, give war or dates of service): [illegible]
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS: Mrs. Madelyn Davis - Salisbury, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 8 days

Antecedent cause(s) (b) — 420.1

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) — 94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/5/51, 19[illegible], to 7/13/[illegible], 1951, that I last saw the deceased alive on 7/13 1951, and that death occurred at 7:15 am, from the causes and on the date stated above.

SIGNATURE: Fred B. Granese — (Degree or title): M.D. — ADDRESS: Salisbury, Md. — DATE SIGNED: 7/14/51

23. BURIAL, CREMATION REMOVAL (Specify): [illegible] — DATE THEREOF: [illegible] — NAME OF CEMETERY OR CREMATORY: [illegible] — LOCATION (City, town, or county): [illegible] — (State): Md.

DATE REC'D BY LOCAL REG.: 7-14-51 — REGISTRAR'S SIGNATURE: Mary W. Holloway — 24. FUNERAL DIRECTOR: [illegible] — ADDRESS: [illegible]

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH — COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury — LENGTH OF STAY (in this place): 13 mons.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Sp. Hill Conv. Home

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Wico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
STREET ADDRESS (If rural, give location): 905 N. Division St.

3. NAME OF DECEASED (Type or Print): (First) LOUISE (Middle) SUDLER (Last) DICK
4. DATE OF DEATH: (Month) 7 (Day) 22 (Year) 1951
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: Feb. 11, 1879
9. AGE last birthday: 72 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Wm. T. Sudler
14. MOTHER'S MAIDEN NAME: Annie Curtis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: J. McT. Dick Jr. Salisbury Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of right Maxillary Sinus — 18 mo

160X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1948, to July 22, 1951, that I last saw the deceased alive on July 22, 1951, and that death occurred at 9:20 p.m., from the causes and on the date stated above.

SIGNATURE: Fred R. Aranne (Degree or title) M.D. — ADDRESS: Salisbury, Md. — DATE SIGNED: 7/23/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 7/24/51 — NAME OF CEMETERY OR CREMATORY: Parsons Cemetery — LOCATION (City, town, or county): Salisbury — (State): Maryland

DATE REC'D BY LOCAL REG.: 7-24-51 — REGISTRAR'S SIGNATURE: Marjorie Holloway

24. FUNERAL DIRECTOR: The Hill & Johnson Co. — ADDRESS: George C. Hill II

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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JUL 26 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH: COUNTY Wicomico — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia — COUNTY Accomac
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Horntown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Dover (Middle) (Last) Wilkerson

4. DATE OF DEATH: (Month) July (Day) 2 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Jan. 1th 1951

9. AGE last birthday: ... yrs. If under 1 year: Months 6, Days, If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY: Infant

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Roder Dickerson

14. MOTHER'S MAIDEN NAME: Mildred Schoolfield

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Roder Dickerson - Horntown, Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute infectious diarrhea

Antecedent cause(s) (b) Dehydration

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Congenital Enteritis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) ... m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1951, to July 2, 1951, that I last saw the deceased alive on July 1, 1951, and that death occurred at 4 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) M. D. — ADDRESS Salisbury Maryland — DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7-3-51	Horntown Cem.	Horntown Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7-2	Mary W. Holloway	Edgar Nourton	New Church, Va.

RECEIVED
JUL 5 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury | LENGTH OF STAY (in this place) 4 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pen. Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) Roland Ave

3. NAME OF DECEASED (Type or Print) (First) MARY (Middle) LEE (Last) DOUGLAS

4. DATE OF DEATH (Month) 7 (Day) 30 (Year) 1951

5. SEX Female | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH Sept. 28, 1876 | 9. AGE last birthday 74 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY Own Home | 11. BIRTHPLACE (State or foreign country) Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John H. White | 14. MOTHER'S MAIDEN NAME Annette F. Vickers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. None | 17. INFORMANT AND ADDRESS Mrs. W.S. Gordy Sr. Salisbury Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uraemia — INTERVAL BETWEEN ONSET AND DEATH 1 week

442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio-renal-vascular disease — Several years

1a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/25, 1951, to 7/30, 1951, that I last saw the deceased alive on 7/29, 1951, and that death occurred at 2:12 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Chas. T. Fisher M.D. | ADDRESS 300 N. Division St Salisbury Md | DATE SIGNED 7/31/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 8/1/51 | NAME OF CEMETERY OR CREMATORY Parsons Cemetery | LOCATION (City, town, or county) Salisbury (State) Maryland

DATE REC'D BY LOCAL REG. 7-31-51 | REGISTRAR'S SIGNATURE Mary W. Holloway | 24. FUNERAL DIRECTOR The Hill & Johnson Co | ADDRESS Salisbury George C Hill II

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
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BUREAU V S

Dr. Mann

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.D. #11.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS R.D. #11. (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Eugene (Middle) Williams (Last) Dixon
4. DATE OF DEATH: (Month) Jun (Day) 3 (Year) 51

5. SEX: M
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: Feb 6 —
9. AGE last birthday: 46 yrs. If under 1 year: Months / Days / Hours / Min. / If under 24 hrs.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Pocomoke City Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Wm. Dixon
14. MOTHER'S MAIDEN NAME: Lavinia Price

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mrs. Ira Mitchell Dixon R.D.#1 Salisbury Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Valvular Heart Disease	3 yrs —
421.4 Antecedent cause(s)	(b) Virus Pneumonia (Viral atypical Pneumonia)	6 mos.
131 b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Nephritis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jun 18, 19 51 to Jun 3, 19 51, that I last saw the deceased alive on Jun 3, 19 51, and that death occurred at 5:15 P m., from the causes and on the date stated above.

SIGNATURE Ira R Mann (Degree or title) MD ADDRESS Salisbury DATE SIGNED 6/6/51

23. BURIAL, CREMATION, REMOVAL (Specify) DATE 6-7-51 NAME OF CEMETERY OR CREMATORY Parsonsburg Cem. LOCATION (City, town, or county) (State) Parsonsburg Wicomico Md.

DATE REC'D BY LOCAL REG. 7-6-51 REGISTRAR'S SIGNATURE Mary M. Holloway

24. FUNERAL DIRECTOR ADDRESS Wm. H. Tull Jr. Salisbury Md.

RECEIVED
JUL 9 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 522

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (in this place) since July 5	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) James	(Middle) Merdes	(Last) Ewell	4. DATE OF DEATH (Month) 7 (Day) 28 (Year) 1951
5. SEX Male	6. COLOR OR RACE A. A.	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH 4-15- 1910	9. AGE last birthday 41 yrs. — If under 1 year Months 3 Days 13 — If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Timber Cutting	11. BIRTHPLACE (State or foreign country) Wattsville, Virginia	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME William Ewell		14. MOTHER'S MAIDEN NAME Sallie Williams		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No	16. SOCIAL SECURITY No. 219-03-2486	17. INFORMANT AND ADDRESS Mrs. Elsie Ewell, Snow Hill, Md. Rt. #1		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Severance spinal cord (cervical)	23 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Fracture dislocation of 7th cervical Vertebra	23 days
	(c)	

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II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Woods near Pocomoke,	(CITY OR TOWN) Pocomoke	(COUNTY) Worcester	(STATE) Md.
TIME OF INJURY (Month) 7 (Day) 5 (Year) 51 (Hour) 4:15 p.m.	INJURY OCCURRED While at work ☒ Not while at work ☐	HOW DID INJURY OCCUR? Falling tree		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE Dr. J. E. Antoning (Degree or title) ADDRESS Pocomoke City Md DATE SIGNED 7/28/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 7-31-'51	NAME OF CEMETERY OR CREMATORY Mt. Wesley Cemetery	LOCATION (City, town, or county) Snow Hill, Worcester Co. (State) Md.
DATE REC'D BY LOCAL REG. 7-31-51	REGISTRAR'S SIGNATURE Mary W. Holloway	24. FUNERAL DIRECTOR James B. Doshiell	ADDRESS Salisbury, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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RECEIVED
AUG 2 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. ...

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula Rural Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Delaware COUNTY Sussex
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Delmar
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Gore (Middle) Thomas (Last) German

4. DATE OF DEATH (Month) July (Day) 13 (Year) 1951

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 7-13-51
9. AGE last birthday — yrs. If under 1 year Months — Days — If under 24 hrs. Hours 10 Min. 20

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Salisbury Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Elmer Thomas German
14. MOTHER'S MAIDEN NAME Addie Belle Nichols

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Elmer German [illegible], Del.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary atalectasis	10 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Convulsive Seizure	20 min.
	(c)	

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II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-13-, 1951, to 7-13-, 1951, that I last saw the deceased alive on 7-13-, 1951, and that death occurred at 6 20 p.m., from the causes and on the date stated above.

SIGNATURE Osborne Christensen (Degree or title) M.D. ADDRESS Salisbury, Md. DATE SIGNED 7/14/51

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF 7/15/51 NAME OF CEMETERY OR CREMATORY Mt Olive LOCATION (City, town, or county) (State) [illegible]

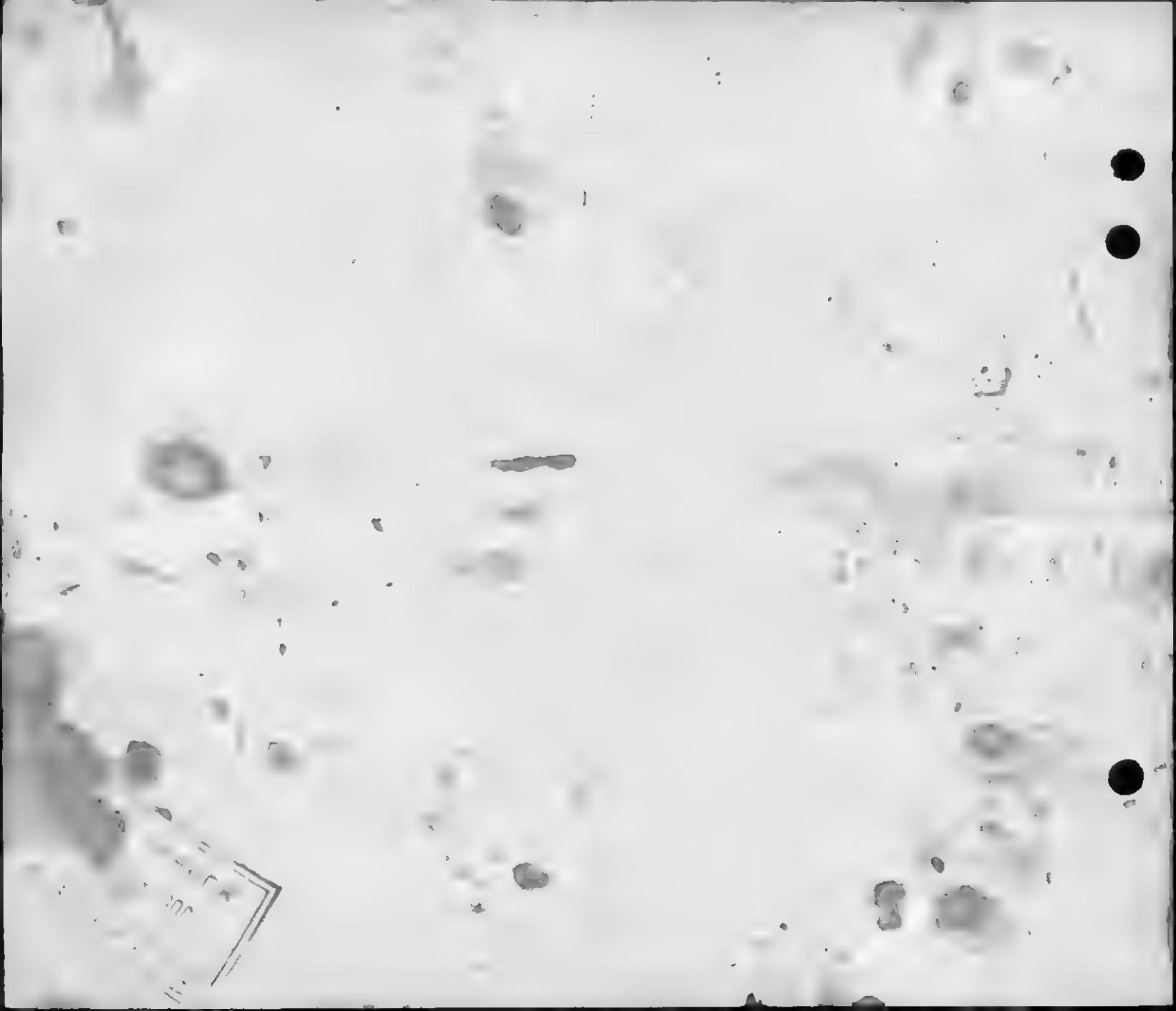
DATE REC'D BY LOCAL REG. 7-14-51 REGISTRAR'S SIGNATURE Marylu Holloway 24. FUNERAL DIRECTOR [illegible] ADDRESS [illegible]

1 207131 [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Quantico
LENGTH OF STAY (In this place) 60 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wico.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Quantico
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) ~~(First)~~ J. (Middle) Stewart (Last) Graham
4. DATE OF DEATH (Month) 7 (Day) 8 (Year) 1951
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Aug. 16, 1857
9. AGE last birthday 93 yrs. If under 1 year Months 10 Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY Farm Owner
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John Tubman Graham
14. MOTHER'S MAIDEN NAME Leah Jane Mitchell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Maude Alice Graham

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary thrombosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

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INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 4th, 1957, to June 7th, 1951, that I last saw the deceased alive on July 7th, 1951, and that death occurred at 10.30 A.m., from the causes and on the date stated above.

SIGNATURE William Emrich M.D. (Degree or title) ADDRESS Hebron Md. DATE SIGNED July 9th 57

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/10/51
NAME OF CEMETERY OR CREMATORY St. Philip's Cemt.
LOCATION (City, town, or county) Quantico, (State) Md.

DATE REC'D BY LOCAL REG. 7-9-57
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR The Hill & Johnson Co. ADDRESS 100105 George C. Hill

RECEIVED
JUL 11 1951
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07505

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the words of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Somerset — MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury LENGTH OF STAY (in this place) HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsular General Hospital	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Somerset CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess STREET ADDRESS (If rural, give location) R.F.D. #4

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Larry	Esta	Gross	July	21	1951

5. SEX	6. COLOR OR RACE	7. (SINGLE,) MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White		7-19-1951	— yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
—	—	U.S.A.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Isaac [illegible]	[illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
No		[illegible]

18. MEDICAL CERTIFICATION R.F.D. #4

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	Pneumonia; Diarrhea; Dehydration	3 days
763.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Thrush	1 week
	(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 7-30, 1951, to 7-31, 1951 that I last saw the deceased alive on 7-31, 1951, and that death occurred at 6 10 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Robert M. McAllister		302 N. Division St Salisbury	7-31-51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8-1-51	[illegible]	[illegible]

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8-1-51	Mary W. Holloway	[illegible]	[illegible]

207 17-1-192 405

RECEIVED
AUG 3 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 336

1. PLACE OF DEATH COUNTY [illegible] MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE [illegible] COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible] LENGTH OF STAY (in this place) 64 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1 Spruce St	STREET ADDRESS (If rural, give location) 1 Spruce St

3. NAME OF DECEASED (Type or Print)	(First) CLARANCE	(Middle) MANAHAN	(Last) Guthrie	4. DATE OF DEATH (Month) Jun (Day) 30 (Year) 1951
5. SEX male	6. COLOR OR RACE [illegible]	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) [illegible]	8. DATE OF BIRTH 7-7-1907	9. AGE last birthday 64 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trainman P.R.R.	10b. KIND OF BUSINESS OR INDUSTRY Passenger	11. BIRTHPLACE (State or foreign country) [illegible]	12. CITIZEN OF WHAT COUNTRY? [illegible]	
13. FATHER'S NAME [illegible]		14. MOTHER'S MAIDEN NAME Martha Causey		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 717-09-2732	17. INFORMANT AND ADDRESS [illegible]		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary thrombosis	20 min
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary sclerosis	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1951, to July 30, 1951, that I last saw the deceased alive on July 28, 1951, and that death occurred at 1:00 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) R. V. Sohler, M.D. ADDRESS Delmar, Del. DATE SIGNED 7-31-51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF 8/1/51	NAME OF CEMETERY OR CREMATORY [illegible]	LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. July 31, 1951	REGISTRAR'S SIGNATURE [illegible] E. Hudson	24. FUNERAL DIRECTOR	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 2 1951
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury. LENGTH OF STAY (in this place) D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Allen.
STREET ADDRESS (If rural, give location) General Delivery.

3. NAME OF DECEASED (Type or Print) (First) Nora (Middle) Lee (Last) Hankerson.

4. DATE OF DEATH (Month) July (Day) 30 (Year) 1951

5. SEX Female

6. COLOR OR RACE Colored.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH 2-26-49

9. AGE last birthday 2 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Florida

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Richard Hankerson.

14. MOTHER'S MAIDEN NAME Eves Violet Wilson.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Parents - Allen, Maryland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pneumococcal Meningitis

340.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

1a (c)

INTERVAL BETWEEN ONSET AND DEATH 12-24 hrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Ascariasis

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/27, 1951, to 7/30, 1951, that I last saw the deceased alive on 7/30, 1951, and that death occurred at 5:20 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert Callicott, M.D. ADDRESS Princess Anne DATE SIGNED 7/30/51

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) Burial DATE THEREOF 8-2-51 NAME OF CEMETERY OR CREMATORY John Wesley LOCATION (City, town, or county) Princess Anne, Md (State)

DATE REC'D BY LOCAL REG. 8-2-51 REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR William H. James Jr. ADDRESS Princess Anne, Md

RECEIVED
DEC 6 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

07506

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury | LENGTH OF STAY (In this place) 40 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury, Md.
STREET ADDRESS (If rural give location) Westover Hills

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) Tingley (Last) Hart
4. DATE OF DEATH (Month) 7 (Day) 16 (Year) 1951
5. SEX male
6. COLOR OR RACE col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) [illegible]
8. DATE OF BIRTH Nov. 12, 1910
9. AGE last birthday 40 yrs. | If under 1 year Months 8 Days | If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible] Fertiliser [illegible]
10b. KIND OF BUSINESS OR INDUSTRY [illegible]
11. BIRTHPLACE (State or foreign country) White Haven, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME [illegible] Hart
14. MOTHER'S MAIDEN NAME [illegible]
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [illegible] (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	1/2 hr
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) none	
	(c)	

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II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death none

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. no
PLACE OF INJURY (Home, farm, factory, street, office, bldg., etc.) none (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
LaRademaker M.D. Dep Med Ex. Salisbury Md 7/16/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF [illegible]
NAME OF CEMETERY OR CREMATORY [illegible]
LOCATION (City, town, or county) (State) [illegible]

DATE REC'D BY LOCAL REG. 7-17-51
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR [illegible] ADDRESS [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 19 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH — COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
LENGTH OF STAY (in this place): 9 Mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Delaware — COUNTY: Sussex
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Seaford
STREET ADDRESS (If rural, give location): AP[illegible] STR.

3. NAME OF DECEASED (Type or Print): (First) Addie (Middle) [illegible] (Last) Hastings
4. DATE OF DEATH: (Month) July (Day) 28 (Year) 1951
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: May 15, 1876
9. AGE last birthday: 75 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country)
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME
14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Hemorrhagic Pancreatitis — 5 wks

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchopneumonia

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-18, 1951, to 7-28, 1951, that I last saw the deceased alive on 7-27, 1951 and that death occurred at 6:30 A.m., from the causes and on the date stated above.

SIGNATURE: [illegible] MD (Degree or title) — ADDRESS: 504 N Division St — DATE SIGNED: 7-28-51

23. BURIAL, CREMATION REMOVAL (Specify) — DATE THEREOF: [illegible] — NAME OF CEMETERY OR CREMATORY: [illegible] — LOCATION (City, town, or county) (State): [illegible] DELAWARE

DATE REC'D BY LOCAL REG.: 7-28-51 — REGISTRAR'S SIGNATURE: Mary W. Holloway — 24. FUNERAL DIRECTOR: [illegible] — ADDRESS: [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
31 1951
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockawalkin | LENGTH OF STAY (in this place) 4 7/12 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rockawalkin

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockawalkin
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Standiford (Last) Hayman
4. DATE OF DEATH: (Month) 7 (Day) 16 (Year) 1951
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan 27, 1904
9. AGE last birthday: 47 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Produce
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Charles R. Hayman
14. MOTHER'S MAIDEN NAME: May Pollitt
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, period unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mrs. Charles S. Hayman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis — 1

420.1 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 16th, 1951, to July 16th, 1951, that I last saw the deceased alive on July 14th, 1951, and that death occurred at 2:30 A.m., from the causes and on the date stated above.

SIGNATURE William Emrich (Degree or title) M.D. ADDRESS Hebron-Md. DATE SIGNED July 16-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 7/18/51 | NAME OF CEMETERY OR CREMATORY: Parsons Cemetery | LOCATION (City, town, or county) Salisbury (State) Maryland

DATE REC'D BY LOCAL REG. 7-23-51 | REGISTRAR'S SIGNATURE Mary Holloway | 24. FUNERAL DIRECTOR The Hill & Johnson Co / George E. Hill II | ADDRESS Salisbury

JUL 23 1951

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct a... is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Wicomico — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) William (Middle) T. (Last) Holland.

4. DATE OF DEATH: (Month) July (Day) 9 (Year) 1951

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Oct 24 1887

9. AGE last birthday: 63 yrs. (If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dairy farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wilson Holland

14. MOTHER'S MAIDEN NAME: Elizabeth Powell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service): no

16. SOCIAL SECURITY NO.: no

17. INFORMANT AND ADDRESS: Mr. Bunting Holland, Pr. Anne, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis — Interval Between Onset and Death: 10 hrs.

332 X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

61 (c) Acute Coronary artery Occlusion — 2 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-8, 1951, to 7-9, 1951, that I last saw the deceased alive on 7-9-1951, and that death occurred at 3:45 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

David Bellamy M.D. Salisbury Md. July 9, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 7-11-1951 | NAME OF CEMETERY OR CREMATORY: Perryhawkin Cemetery | LOCATION (City, town, or county) (State): New Princess Anne Md

DATE REC'D BY LOCAL REG. 7-11-51 | REGISTRAR'S SIGNATURE: Mary W. Holloway | 24. FUNERAL DIRECTOR — ADDRESS: Levin R. Wilson, Princess Anne Md

VS-AD

RECEIVED
JUL 13 1951
BUREAU V. S

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-113

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH — COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury — LENGTH OF STAY (in this place): 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Snow Hill
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) P. (Last) Jones
4. DATE OF DEATH: (Month) July (Day) 16 (Year) 1951
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Jul 14-1871
9. AGE last birthday: 80/0/2 — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Girdletree, Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Elijah M Barner
14. MOTHER'S MAIDEN NAME: Mary L. Hudson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Miss Grace H Jones Snow Hill, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic C.V.D. —

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

121 (c)

11. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 6.4.51
19b. MAJOR FINDINGS OF OPERATION: Perforated appendix
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7.15, 1951, to 7.16, 1951, that I last saw the deceased alive on 7.16, 1951 and that death occurred at 9 05 a.m., from the causes and on the date stated above.

SIGNATURE: H A Brill MD (Degree or title) — ADDRESS: 504 N. Division St — DATE SIGNED: 7.16.51

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: July 18/51 — NAME OF CEMETERY OR CREMATORY: Presbyterian — LOCATION (City, town, or county): Snow Hill, Md (State)

DATE REC'D BY LOCAL REG.: Jul 18-51 — REGISTRAR'S SIGNATURE: Mary W Holloway — 24. FUNERAL DIRECTOR: Mary E Ammis — ADDRESS: Snow Hill, Md

RECEIVED
JUL 23 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 8 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer's Head Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fruitland - Rural
STREET ADDRESS (If rural, give location) North of town

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Henry (Last) Fisher

4. DATE OF DEATH: (Month) July (Day) 11 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: March 2, 1872

9. AGE last birthday: 79 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Caroline Co., Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: No data

14. MOTHER'S MAIDEN NAME: Nellie A. Simmons

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. E. Wilkins, Wetipquin, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Infarction of Myocardium	10 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis, General	?
420.1	(c) Hemiplegia (Left)	?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-3, 1950, to 7-11, 1951, that I last saw the deceased alive on 7-11, 1951, and that death occurred at 8:15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

William G. Hobbs M. D. — Deer's Head State Hosp. — 7-11-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: July 14, 1951 — NAME OF CEMETERY OR CREMATORY: St. Paul's Cem. — LOCATION (City, town, or county) (State): Parsonsburg, Maryland

DATE REC'D BY LOCAL REG. 7-14-51 — REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR — ADDRESS: Upon permission to disinter [illegible]

RECEIVED
JUL 16 1951
BUREAU V. I.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 382

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; LENGTH OF STAY (in this place) 38 yrs.; MARYLAND

HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; STREET ADDRESS (If rural, give location) 713 Lake St.

3. NAME OF DECEASED (Type or Print): (First) Effie (Middle) (Last) Leonard

4. DATE OF DEATH: (Month) July (Day) 7 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: about 1893

9. AGE last birthday: about 58 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hair dresser

10b. KIND OF BUSINESS OR INDUSTRY: Own Business

11. BIRTHPLACE (State or foreign country): Marion Station Somerset Co. Md.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Henry Bell

14. MOTHER'S MAIDEN NAME: Mary Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Samuel Leonard, 713 Lake St, Salis. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis — Interval Between Onset and Death: 15 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Mesenteric Thrombosis — 15 hrs

(c) Arteriosclerotic Hypertensive heart disease — 6 mos

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-5, 1951, to 7-7, 1951, that I last saw the deceased alive on 7-7, 1951, and that death occurred at 7:58 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J.A. Rademaker M.D. 502 N. Div. Salisbury Md 7/7/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: 7-10-51

NAME OF CEMETERY OR CREMATORY: Green Acres Cemetery

LOCATION (City, town, or county) (State): Salisbury, Wicomico Co. Md.

DATE REC'D BY LOCAL REG. 7-9-51

REGISTRAR'S SIGNATURE: Mary W. Holloway

FUNERAL DIRECTOR ADDRESS: James B. Dashiell, Salisbury Md

VS/A15 RELEASE

RECEIVED
JUL 11 1951
BUREAU V. •

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne Route 1
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Mrs Lena (Middle) (Last) Malone

4. DATE OF DEATH (Month) July (Day) 5 (Year) 1951

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Oct 15 1873
9. AGE last birthday 78 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Princess Anne, Md
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME William J. Griffith
14. MOTHER'S MAIDEN NAME Lucille Clavell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mr. Marion Malone

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Post op. shock

570.5 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Intestinal obstruction

1226 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-4, 1951, to 9-5, 1951, that I last saw the deceased alive on 9-5, 1951, and that death occurred at 1:55 P m., from the causes and on the date stated above.

SIGNATURE William H. Fisher Jr. (Degree or title) ADDRESS Md. Salisbury, Md. DATE SIGNED 7-5-51

23. BURIAL, CREMATION REMOVAL (Specify) [illegible]
DATE July 8 1951
NAME OF CEMETERY OR CREMATORY [illegible] Cemetery
LOCATION (City, town, or county) (State) [illegible] Md

DATE REC'D BY LOCAL REG. 7-7-51
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR [illegible] ADDRESS Princess Anne, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AT5

RECEIVED
JUL 11 1951
BUREAU V. M.

Kitts

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Girdletree
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Manuel

4. DATE OF DEATH (Month) (Day) (Year) July 29 1951

5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED,~~ (Specify)
8. DATE OF BIRTH 7-27-51
9. AGE last birthday yrs. If under 1 year Months Days If under 24 hrs. Hours 11 Min. 15

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME MARIAN MANUEL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral anoxia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Atalectasis

(c)

INTERVAL BETWEEN ONSET AND DEATH 1 day - 9 hrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-27, 19..., to 7-29, 1951, that I last saw the deceased alive on 7-29, 1951, and that death occurred at 4:10 A m., from the causes and on the date stated above.

SIGNATURE Robert M. Hidey (Degree or title) M.D. ADDRESS Peninsula General Hospital DATE SIGNED 7-29-51

23. BURIAL, CREMATION REMOVAL (Specify) Cremation
DATE THEREOF 7-30-51
NAME OF CEMETERY OR CREMATORY Peninsula General Hospital
LOCATION (City, town, or county) (State) Salisbury, Maryland

DATE REC'D BY LOCAL REG. 7-31-51
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Peninsula General Hospital ADDRESS

127114140

RECEIVED
AUG 2 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A5

1. PLACE OF DEATH: COUNTY Wicomico — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print): (First) William (Middle) (Last) Matthews

4. DATE OF DEATH: (Month) July (Day) 11 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)

8. DATE OF BIRTH: Nov 23, 1866

9. AGE last birthday: 84 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Owner

10b. KIND OF BUSINESS OR INDUSTRY: Agriculture

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: William Matthews

14. MOTHER'S MAIDEN NAME: Mary Bundick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Reginald Matthews, Girdletree, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebro vascular accident — Interval between onset and death: One week

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio sclerosis CVD — Interval between onset and death: Indefinite

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death, Chronic arterio hypertension

4/22.1
932

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 5, 1951, to July 11, 1951, that I last saw the deceased alive on July 11, 1951, and that death occurred at 1:12 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

William B. Long M.D. 504 N. Division St. Salisbury Md. 7/11/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 7/15/51 — NAME OF CEMETERY OR CREMATORY: Greenbackville MF — LOCATION (City, town, or county) (State): Greenbackville, Va.

DATE REC'D BY LOCAL REG. 7-13-51 — REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR — ADDRESS: Henry H. Watson, Pocomoke, Md.

RECEIVED
JUL 16 1951
BUREAU V. S

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Medical Examiner's CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND md
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural Salisbury
STREET ADDRESS (If rural, give location) Lake St. Extended

3. NAME OF DECEASED (Type or Print) Charles (Middle) Oliver (Last) Mitchell

4. DATE OF DEATH (Month) July (Day) 26 (Year) 1951

5. SEX male — 6. COLOR OR RACE negro — 7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify) married — 8. DATE OF BIRTH Aug 18, 1933 — 9. AGE last birthday 17 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Jamelan — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country) Quantico md — 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME George Mitchell — 14. MOTHER'S MAIDEN NAME Blanch Wayne

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) — 16. SOCIAL SECURITY No. 214-30-9405 — 17. INFORMANT AND ADDRESS Geo Mitchell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Drowning, accidental — minutes

921.8 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

3 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) accident — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Pond — (CITY OR TOWN) Salisbury (COUNTY) Wicomico (STATE) Maryland

TIME OF INJURY (Month) July (Day) 26 (Year) 1951 (Hour) 8 p.m. — INJURY OCCURRED While at Work ☐ Not While At work ☒ — HOW DID INJURY OCCUR? went in swimming, failed to come out.

22. I hereby certify that I ~~attended~~ verbed the deceased ~~from~~ at July 26, 1951, to ~~_____, 19__~~, that I last saw the deceased ~~alive~~ dead on July 26, 1951, and that death occurred at 9 p.m., from the causes and on the date stated above.

SIGNATURE Kendrick McCullough M.D. (Degree or title) acting deputy medical examiner — ADDRESS Parsonsburg Md. — DATE SIGNED July 26, 1951

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF July 29 — NAME OF CEMETERY OR CREMATORY Quantico Cem — LOCATION (City, town, or county) Quantico Md (State)

DATE REC'D BY LOCAL REG. 7-28-51 — REGISTRAR'S SIGNATURE Mary W. Holloway — 24. FUNERAL DIRECTOR Barker [illegible] Cemetery Salisbury md — ADDRESS

RECEIVED
JUL 1951
BUREAU

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information [redacted]fully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 41b

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (In this place) 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill
STREET ADDRESS (If rural, give location) Federal

3. NAME OF DECEASED (Type or Print) (First) Gary (Middle) T. (Last) Northam
4. DATE OF DEATH (Month) July (Day) 29 (Year) 1951
5. SEX male
6. COLOR OR RACE W
7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED~~, (Specify)
8. DATE OF BIRTH 7/21/51
9. AGE last birthday ___ yrs. If under 1 year Months Days 7 If under 24 hrs. Hours 14 Min. 28
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Salisbury, Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME David Northam
14. MOTHER'S MAIDEN NAME Irene Tull
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Mr David E. Northam Snow Hill, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Prematurity

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: 7 days

776 X

159

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/21, 1951, to 7-29, 1951, that I last saw the deceased alive on 7-29, 1951, and that death occurred at 12:08 A m., from the causes and on the date stated above.

SIGNATURE Robert M. Hiday (Degree or title) MD ADDRESS Peninsula General Hospital DATE SIGNED 7-29-51

23. BURIAL, CREMATION REMOVAL (Specify) Cremat DATE THEREOF July 29/51 NAME OF CEMETERY OR CREMATORY Whatcoat Methodist LOCATION (City, town, or county) Snow Hill (State) Md

DATE REC'D BY LOCAL REG. 7-29-51 REGISTRAR'S SIGNATURE Mary W. Holloway 24. FUNERAL DIRECTOR Leroy E. Dennis ADDRESS Snow Hill, Md

207211283260

RECEIVED
AUG 2 1951
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

513

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct ... is especially important. Physicians: please write the causes of ... clearly and legibly.

1. PLACE OF DEATH
COUNTY ... MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ...
LENGTH OF STAY (in this place) ...
HOSPITAL OR INSTITUTION OR STREET ADDRESS ...

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE ... COUNTY ...
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ...
STREET ADDRESS (If rural, give location) ...

3. NAME OF DECEASED (Type or Print) (First) ANNIE (Middle) ... (Last) NUTTER

4. DATE OF DEATH (Month) ... (Day) 14 (Year) 1951

5. SEX female

6. COLOR OR RACE ...

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) ...

8. DATE OF BIRTH ...

9. AGE last birthday ... yrs. If under 1 year Months ... Days ... If under 24 hrs. Hours ... Min. ...

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ...

10b. KIND OF BUSINESS OR INDUSTRY ...

11. BIRTHPLACE (State or foreign country) Nanticoke, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME ...

14. MOTHER'S MAIDEN NAME Elsie Els...

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ... (If yes, give war or dates of service) ...

16. SOCIAL SECURITY NO. ...

17. INFORMANT AND ADDRESS Mrs. ...

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: 3 weeks

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — Indef

94a (c) ...

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ...

19a. DATE OF OPERATION ...

19b. MAJOR FINDINGS OF OPERATION ...

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) ...

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ... (CITY OR TOWN) ... (COUNTY) ... (STATE) ...

TIME OF INJURY (Month) ... (Day) ... (Year) ... (Hour) ... m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? ...

22. I hereby certify that I attended the deceased from July 1, 1950, to July 14 1951, that I last saw the deceased alive on July 14, 1951, and that death occurred at 3:20 p.m., from the causes and on the date stated above.

SIGNATURE Burnell (Degree or title) M.D. ADDRESS 800 W. main St. Salisbury, Md DATE SIGNED July 15,

23. BURIAL, CREMATION REMOVAL (Specify) ... DATE THEREOF 7.17.51 NAME OF CEMETERY OR CREMATORY ... LOCATION (City, town, or county) ... (State) ...

DATE REC'D BY LOCAL REG. 7-16-51 REGISTRAR'S SIGNATURE Mrs. Mary Halloway

24. FUNERAL DIRECTOR C. D. Messick ADDRESS ...

VS. A15-1

RECEIVED
JUL 18 1951
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 336

1. PLACE OF DEATH: COUNTY [illegible] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
LENGTH OF STAY (in this place) 10 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS 201 Chestnut

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE [illegible] COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Minnie (Middle) [illegible] (Last) [illegible]
4. DATE OF DEATH (Month) (Day) (Year) 19[illegible]

5. SEX [illegible]
6. COLOR OR RACE [illegible]
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) [illegible]
8. DATE OF BIRTH [illegible] 1874
9. AGE last birthday [illegible] yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? [illegible]

13. FATHER'S NAME [illegible]
14. MOTHER'S MAIDEN NAME [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Arteriosclerotic myocardosis	2 years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	
	(c) ~~Malnutrition~~	~~1 year~~

42[illegible]
93d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Malnutrition — 1 year

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1949, to July 29, 1951, that I last saw the deceased alive on July 29, 1951, and that death occurred at 3:00 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) L. V. Sohler, M.D. ADDRESS Delmar, Del. DATE SIGNED 7-31-51

23. BURIAL, CREMATION REMOVAL (Specify) [illegible]
DATE THEREOF [illegible]
NAME OF CEMETERY OR CREMATORY [illegible]
LOCATION (City, town, or county) (State) [illegible]

DATE REC'D BY LOCAL REG. July 31, 1951
REGISTRAR'S SIGNATURE Harry E. Hudson
24. FUNERAL DIRECTOR [illegible] ADDRESS [illegible]

RECEIVED
AUG 2 1951
BUREAU V. S.

Dr Morgan

07520

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pittsville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) PARSONS

4. DATE OF DEATH (Month) (Day) (Year) July 21 1951

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH 7/19/51 4 AM

9. AGE last birthday yrs. If under 1 year Months Days 2 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME Barbara Parsons

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Mother - Pittsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Ateletasis

762.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Prematurity

159 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/19, 1951, to 7/21, 1951, that I last saw the deceased alive on 7/21, 1951, and that death occurred at 5 P.m., from the causes and on the date stated above.

SIGNATURE William C. Morgan (Degree or title) M.D. ADDRESS Salisbury, Md. DATE SIGNED 7/22/51

23. BURIAL, CREMATION REMOVAL (Specify) Cremation

DATE THEREOF 7-22-51

NAME OF CEMETERY OR CREMATORY Peninsula General Hospital

LOCATION (City, town, or county) (State) Salisbury, Maryland

DATE REC'D BY LOCAL REG. 7-23-51

REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR Peninsula General Hospital ADDRESS

207 191 17 1287

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A-1

RECEIVED
JUL 26 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07521

Reg. Dist. No. 322

1. PLACE OF DEATH COUNTY: Wicomico MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: [illegible] LENGTH OF STAY (in this place): 1 yr.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —	STREET ADDRESS (If rural, give location): RFD #2

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): [illegible]	4. DATE OF DEATH (Month) (Day) (Year): July 28 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs Hours	Min.
[illegible]	White	[illegible]	[illegible]	60 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework	10b. KIND OF BUSINESS OR INDUSTRY: House work	11. BIRTHPLACE (State or foreign country): [illegible]	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: William [illegible]		14. MOTHER'S MAIDEN NAME: [illegible]	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): —	16. SOCIAL SECURITY NO.: —	17. INFORMANT AND ADDRESS: [illegible]	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Pulmonary Edema

Antecedent cause(s) (b) Arteriosclerotic Heart disease

420.0 73d

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1947, to July 28, 1951, that I last saw the deceased alive on July 28, 1951, and that death occurred at 5 15 m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
William D Gray	MD	Salisbury, Md	7/28/51

23. BURIAL, CREMATION REMOVAL (Specify): [illegible]	DATE: July 31, 1951	NAME OF CEMETERY OR CREMATORY: [illegible]	LOCATION (City, town, or county) (State): [illegible]
DATE REC'D BY LOCAL REG.: 8-1-51	REGISTRAR'S SIGNATURE: [illegible]	24. FUNERAL DIRECTOR: [illegible]	ADDRESS: [illegible]

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 3 1951
BUREAU V. S.

Dr. Gramse

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 114 W. Locust st.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) 114 W. Locust st.

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Burton (Last) Riggin

4. DATE OF DEATH (Month) July (Day) 15 (Year) 51

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH May 28 1874
9. AGE last birthday 77 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter
10b. KIND OF BUSINESS OR INDUSTRY Home Painting
11. BIRTHPLACE (State or foreign country) Worcester Co Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Sidney Riggin
14. MOTHER'S MAIDEN NAME Martha Timmons

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs. Nettie L. Riggin (Wife) 114 W. Locust st Salisbury Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Prostate — Interval Between Onset And Death: 4 mo

177X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

51 b (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/15, 1951 to 7/15/51, 19....., that I last saw the deceased alive on 7/15/51, 19..... and that death occurred at 12.15 P m., from the causes and on the date stated above.

SIGNATURE Fred R. Gramse (Degree or title) M.D. ADDRESS Salisbury Md. DATE SIGNED 7/16/51

23. BURIAL, CREMATION REMOVAL (Specify) DATE July 18-51 NAME OF CEMETERY OR CREMATORY Wicomico Mem. Park LOCATION (City, town, or county) Salisbury (State) Md.

DATE REC'D BY LOCAL REG. 7-16-51 REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Holloway & Co. Salisbury ADDRESS Md.
Walter R. Holloway

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 19 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

17523

7 AM

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Wicomico
MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury md
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 625 Booth St

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md
COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury Md
STREET ADDRESS (If rural, give location): 625 Booth St

3. NAME OF DECEASED (Type or Print): (First) Lucy (Middle) (Last) Smith

4. DATE OF DEATH: (Month) July (Day) 28 (Year) 1951

5. SEX: female

6. COLOR OR RACE: Colf

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 1870.

9. AGE last birthday: 81 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Somerset Co

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Daniel Waters

14. MOTHER'S MAIDEN NAME: Sarah Ballard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: — —

17. INFORMANT: Lena Cannon

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Congestive Heart Disease	Month
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	Unk.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) Salisbury Wicomico (COUNTY) (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 5, 1951, to July 28, 1951, that I last saw the deceased alive on July 26, 1951, and that death occurred at 6:30 m. from the causes and on the date stated above.

SIGNATURE: H. Herbert Bembly (Degree or title) MD ADDRESS: Salisbury Md DATE SIGNED: 7/30/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 7-31-51

NAME OF CEMETERY OR CREMATORY: Polk Road Cem

LOCATION (City, town, or county) (State): Polk Rd md

DATE REC'D BY LOCAL REG.: 7-30-51

REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR: Booker M Nash

ADDRESS: Salisbury.

RECEIVED
1951
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct [illegible] is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 416

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
STREET ADDRESS (If rural, give location) Somerset

3. NAME OF DECEASED (Type or Print) (First) Tickle (Middle) Jacob (Last) Smith
4. DATE OF DEATH (Month) July (Day) 7th (Year) 1951

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH Aug 27 1869
9. AGE last birthday 81 yrs. If under 1 year: Months | Days; If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Physician
10b. KIND OF BUSINESS OR INDUSTRY Dr. Medicine
11. BIRTHPLACE (State or foreign country) Northampton Co. Va.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Charles Smith
14. MOTHER'S MAIDEN NAME Margaret Wilson Jacob

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. no
17. INFORMANT Mrs T. J. Smith Pr. Anne, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Nephritis — INTERVAL BETWEEN ONSET AND DEATH: 5 days

422.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Myocarditis about 5 years

93d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 5th, 1951, to July 7th, 1951, that I last saw the deceased alive on July 7th, 1951, and that death occurred at 10:30 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Chas. T. Fisher, M.D. 300 N. Division St, Salisbury Md 7/7/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 10, 1951
NAME OF CEMETERY OR CREMATORY Manokin Presbyterian
LOCATION (City, town, or county) (State) Princess Anne Md

DATE REC'D BY LOCAL REG. 7-9-51
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR ADDRESS Leon R. Wilson Princess Anne, Md

RECEIVED
JUL 11 1951
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 1 1/2 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer's Head State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Roesville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Richard (Middle) (Last) Trusty

4. DATE OF DEATH (Month) July (Day) 30 (Year) 1951

5. SEX M
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Oct 24, 1901
9. AGE last birthday 50 yrs. If under 1 year: Months | Days. If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer - farm helper
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Daniel Trusty
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 215-18-6581
17. INFORMANT AND ADDRESS Mrs Annie L. Wells, Church Hill, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Lobar pneumonia	32 hours
150X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Retroperitoneal sarcoma	2 yrs.
46 W	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-15, 1951, to 7-30, 1951, that I last saw the deceased alive on 7-30, 1951, and that death occurred at 11 A m., from the causes and on the date stated above.

SIGNATURE William A. Hoeble (Degree or title) ADDRESS Deer's Head State Hospital DATE SIGNED 7-30-51

23. BURIAL, CREMATION REMOVAL (Specify)
DATE THEREOF Aug 2 1951
NAME OF CEMETERY OR CREMATORY Roesville
LOCATION (City, town, or county) Roesville (State) Md.

DATE REC'D BY LOCAL REG. 8-2-51
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Edgar L. Lane ADDRESS Church Hill, Md.

M

1

VS-A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is specially important. Physicians: please write the number of death clearly and legibly.

RECEIVED
AUG 8 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH COUNTY Wicomico MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Md. COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible] — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Delmar
HOSPITAL OR INSTITUTION OR STREET ADDRESS P. G. Hospt.	STREET ADDRESS (If rural, give location) RD # 3

3. NAME OF DECEASED (Type or Print) (First) Lee (Middle) (Last) Wells — 4. DATE OF DEATH (Month) July (Day) 17 (Year) 51

5. SEX Male — 6. COLOR OR RACE White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) — 8. DATE OF BIRTH April 6-1876 — 9. AGE last birthday 75 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dr. Ranger — 10b. KIND OF BUSINESS OR INDUSTRY Farmer — 11. BIRTHPLACE (State or foreign country) Pittsville Md. — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Thomas Wells — 14. MOTHER'S MAIDEN NAME Mrs. Parsons

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If year, give war or dates of service) — 16. SOCIAL SECURITY No. — 17. INFORMANT AND ADDRESS M. Lawrence Wells (Son) RD#3. Delmar Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 1 day

Antecedent cause(s) (b) Hypertrophied Prostate — [illegible]

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/14, 1951, to 7/17, 1951, that I last saw the deceased alive on 7/17, 1951, and that death occurred at 2.45a m., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) ADDRESS [illegible] DATE SIGNED 7/18/51

23. BURIAL, CREMATION REMOVAL (Specify) — DATE July 20-51 — NAME OF CEMETERY OR CREMATORY Fuller Cem — LOCATION (City, town, or county) RD. Pittsville Md. (State)

DATE REC'D BY LOCAL REG. 7-19-51 — REGISTRAR'S SIGNATURE Mary W. Holloway — 24. FUNERAL DIRECTOR [illegible] & Co. Salt Md. ADDRESS Walter R. [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

RECEIVED
JUL 23 1951
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

VS. A75

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH — COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury — LENGTH OF STAY (in this place): Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Pen. Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Wico.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
STREET ADDRESS (If rural, give location): 1303 N. Division St.

3. NAME OF DECEASED (Type or Print): (First) ELYSE (Middle) MELSON (Last) White
4. DATE OF DEATH: (Month) 7 (Day) 27 (Year) 1951

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: July 1, 1889
9. AGE last birthday: 62 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George G. Melson
14. MOTHER'S MAIDEN NAME: Laura McNeal

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Wallace H. White

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congestive Heart Failure — 2 yrs.

X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Diabetes Mellitus — 20 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1946, to 7-27-51, 19....., that I last saw the deceased alive on 7-27-51, 19....., and that death occurred at 4 P m., from the causes and on the date stated above.

SIGNATURE: Lee L Lowry (Degree or title) — ADDRESS: Fruitland — DATE SIGNED: 7-28-51

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 7/30/51 — NAME OF CEMETERY OR CREMATORY: Oddfellows Cemt. — LOCATION (City, town, or county): Bishopville (State) Md.

DATE REC'D BY LOCAL REG.: 7-30-51 — REGISTRAR'S SIGNATURE: Mary W. Holloway — 24. FUNERAL DIRECTOR: The Hill & Johnson Co. — ADDRESS: George C. Hill II

RECEIVED
1951
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

0752

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS (Spring Hill Convalescent Home)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) Pacific Ave

3. NAME OF DECEASED (Type or Print) (First) Clayton (Middle) Lewis (Last) Williams
4. DATE OF DEATH (Month) July (Day) 24 (Year) 51
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH June 26 1875
9. AGE last birthday 75 yrs. If under 1 year Months 1 Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Own Farm
11. BIRTHPLACE (State or foreign country) R.D. Salisbury Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Samuel Williams
14. MOTHER'S MAIDEN NAME Mildred Phippin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mrs. Agnes Chamberlain Cedar City Road Salisbury Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute cardiac failure	5 minutes
450.0 Antecedent cause(s)		
97 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized arteriosclerosis	2 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-16, 1951, to 7-24, 1951, that I last saw the deceased alive on 7-24, 1951, and that death occurred at 2.45 P m., from the causes and on the date stated above.

SIGNATURE Philip A. Insley (Degree or title) ADDRESS Salisbury Md. DATE SIGNED 7-25-51

23. BURIAL, CREMATION REMOVAL (Specify) DATE July 27-51 NAME OF CEMETERY OR CREMATORY Wis-Mem. Park LOCATION (City, town, or county) Salisbury (State) Md.

DATE REC'D BY LOCAL REG. 7-25-51 REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Williams & Co. Salisbury Md. ADDRESS Walter R. Holloway

VS 415

RECEIVED
JUL 27 1951
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

17529

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 16 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Penna COUNTY Phila-
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Philadelphia
STREET ADDRESS (If rural give location) 2161 N. 11th St

3. NAME OF DECEASED (Type or Print) (First) Frank (Middle) (Last) Williams
4. DATE OF DEATH (Month) 7 (Day) 8 (Year) 1951
5. SEX Male
6. COLOR OR RACE Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH 4-10-36
9. AGE last birthday 15 yrs. If under 1 year Months 2 Days 28 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) High School Boy
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Philadelphia, Pa.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME John L. Williams
14. MOTHER'S MAIDEN NAME Florence E. Newman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT John L. Williams, 2161 N. 11th St. Phila, Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Extra Dural Hemorrhage	16 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Fractured Skull - Brain injury	16 hrs
	(c)	

824.5
170 c

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 7-8-51
19b. MAJOR FINDINGS OF OPERATION Extra dural Hemorrhage
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING CAUSE OF DEATH
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway
(CITY OR TOWN) near Fruitland (COUNTY) Wicomico (STATE) Md
TIME OF INJURY (Month) 7 (Day) 7 (Year) 51 (Hour) 8 10 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Fell off moving truck.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE J A Rademaker M.D. (Degree or title) ADDRESS 502 No Div St Salisbury DATE SIGNED 7/8/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7-12-'51
NAME OF CEMETERY OR CREMATORY Mt. Calvary Cemetery
LOCATION (City, town, or county) Fruitland, Wicomico Co. (State) Md.

DATE REC'D BY LOCAL REG. 7-9-51
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR James B. Doshiell, ADDRESS Salisbury, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 11 1951
BUREAU V. M.

21d Film G134 7-20-51 ams

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

07530

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 9 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural give location) 107 East Founders Ave

3. NAME OF DECEASED (Type or Print): (First) Juanita (Middle) P. (Last) Wilson
4. DATE OF DEATH: (Month) 7 (Day) 2 (Year) 1951
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married
8. DATE OF BIRTH: Nov 16, 1914
9. AGE last birthday: 36 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant
10b. KIND OF BUSINESS OR INDUSTRY: Merchant
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: William S. Fleming
14. MOTHER'S MAIDEN NAME: Susie F Bradley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 215-24-0899
17. INFORMANT: Mrs. James W. Wilson

18. MEDICAL CERTIFICATION — Salisbury, Md

19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
825.5 Immediate cause	(a) Bilateral Bronchopneumonia (Terminal)	3 days
170.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Fractured Skull Brain contusion	9 days
	(c) Fractured pelvis Ruptured Bladder Fractured Rt Tibia - Hemothorax	9 days

20. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 6-24-51
19b. MAJOR FINDINGS OF OPERATION: Ruptured Bladder Fractured Pelvis
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Highway
(CITY OR TOWN) near Ocean City (COUNTY) Worcester (STATE) Md
TIME OF INJURY: (Month) 6 (Day) 24 (Year) 51 (Hour) [illegible] m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Automobile Accident

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: J A Rademaker MD (Degree or title) ADDRESS: 502 No Div St Salisbury Md DATE SIGNED: 7/2/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: July 5 1951
NAME OF CEMETERY OR CREMATORY: St Andrew Cemetery
LOCATION (City, town, or county) (State): Princess Anne Md

DATE REC'D BY LOCAL REG. 7-5-51
REGISTRAR'S SIGNATURE: Mamie H. Holloway
24. FUNERAL DIRECTOR: Lester R. Wilson
ADDRESS: Princess Anne Md

RECEIVED
JUL 9 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

07531

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 335

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sharptown — LENGTH OF STAY (in this place) 60 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS CEMETERY ST

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sharptown
STREET ADDRESS (If rural, give location) CEMETERY ST

3. NAME OF DECEASED (Type or Print): (First) ARTHUR (Middle) GORMAN (Last) WINDSOR
4. DATE OF DEATH: (Month) 7 (Day) 16 (Year) 51
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE
8. DATE OF BIRTH: Dec 21 1890
9. AGE last birthday: 60 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SHIP CARPENTER
10b. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (State or foreign country): MD
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: THOMAS L. WINDSOR
14. MOTHER'S MAIDEN NAME: EDITH J. MARINE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: 216-07-3038
17. INFORMANT AND ADDRESS: CHARLES L. WINDSOR

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — 10 Minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary insufficiency — 2 days

420.1 94a (c) Arteriosclerosis - Hypertension — 4 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 19.., to 7/16 ....., 1951, that I last saw the deceased alive on 7/16 ....., 1951, and that death occurred at 1 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) N.S. Kuhlman M.D. — ADDRESS Sharptown Md — DATE SIGNED 7/17/51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 7-18-51 — NAME OF CEMETERY OR CREMATORY Foremans Cemetery — LOCATION (City, town, or county) Sharptown — (State) Md

DATE REC'D BY LOCAL REG. 7/20/51 — REGISTRAR'S SIGNATURE Walter G. Mann

24. FUNERAL DIRECTOR — ADDRESS Harry Smith, Sharptown, Md

RECEIVED
JUL 23 1954
BUREAU V. S.